

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		2		
4		1		2		
5		1		2		
6		1		2		
7		1		2		
8		1		2		
9		1		2		
10		1		2		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						